



Track Club

<http://www.GoldenStripTrackClub.com>

PO BOX 5306 Greenville, SC 29606-5306

REGISTRATION FORM 2009

For Office Use Only

Check #: _____

Amount: _____

Date: _____

BIRTH CERTIFICATE



FIRST MI LAST

ADDRESS

CITY/STATE/ZIP HOME PHONE MOM CELL DAD CELL

MALE FEMALE DATE OF BIRTH AGE (Age As Of December 31st 2009)

UNIFORM SIZE: SHIRT SHORTS T-SHIRT

**All Sizes Are In
XS, S, M, L, XL, XXL, XXXL**

WARM UP SIZE:

GUARDIAN NAME WORK CELL
GUARDIAN NAME WORK CELL

EMAIL ADDRESS

EMAIL ADDRESS

In case of emergency, NOTIFY: _____

Emergency Phone #: _____ *Physician Phone #:* _____

Family Physician _____

Insurance Carrier _____ *Insurance #* _____

I _____, the parent/legal guardian of the above named athlete do hereby consent to his or her participation in the **GOLDEN STRIP TRACK CLUB**. I certify to the best of my knowledge the above named athlete is of good health and physical condition to participate in activities of the **GOLDEN STRIP TRACK CLUB**.

IN CONSIDERATION FOR ACCEPTANCE OF MY CHILD'S ENTRY TO THE GOLDEN STRIP TRACK CLUB PROGRAM AND ALL THE MEETS ASSOCIATED WITH THIS PROGRAM, I WILL BE LEGALLY BOUND, DO HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS TO WAIVE, RELEASE AND FOREVER DISCHARGE ALL RIGHTS, CLAIMS OR DAMAGES AGAINST THE GOLDEN STRIP TRACK CLUB FOR ANY INJURIES OR ILLNESS SUFFERED BY MY CHILD IN TRAVELING TO, PARTICIPATING IN, OR RETURNING FROM GOLDEN STRIP TRACK CLUB ACTIVITIES. THIS RELEASE IS EXTENDED TO BUT NOT LIMITED TO CLUB SPONSORS, CONTRIBUTORS, THEIR AGENTS, REPRESENTATIVES, SUCCESSORS AND/OR ASSIGNEES.

SIGNATURE

DATE